



# HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

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## LOBBYIST REGISTRATION FORM

STATE OF HAWAII  
STATE ETHICS COMMISSION

(Type or Print Clearly)

|   |  |         |          |              |
|---|--|---------|----------|--------------|
| <b>PART I LOBBYIST</b>  |  |         |          |              |
| NAME (Last)   |  | (First) | (Middle) | TELEPHONE    |
| Oto   |  | Mark    |          | 952-7544     |
| MAILING ADDRESS (Street)  |  |         |          | FAX 948-6860 |
| P.O. Box 860  |  |         |          | EMAIL        |
| (City)  |  | (State) |          | (Zip Code)   |
| Honolulu  |  | HI      |          | 96808-0860   |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |  |         |          | TELEPHONE    |
|   |  |         |          |              |
| MAILING ADDRESS (Street)  |  |         |          | FAX          |
|   |  |         |          | EMAIL        |
| (City)  |  | (State) |          | (Zip Code)   |
|   |  |         |          |              |

|  |  |              |  |            |
|--|--|--------------|--|------------|
| <b>PART II ORGANIZATION</b>  |  |              |  |            |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |  | TELEPHONE    |  |            |
| Hawaii Medical Service Association   |  | 952-7544     |  |            |
| MAILING ADDRESS (Street)   |  | FAX 948-6860 |  |            |
| P.O. Box 860   |  | EMAIL        |  |            |
| (City)   |  | (State)      |  | (Zip Code) |
| Honolulu   |  | HI           |  | 96808-0860 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |  | TELEPHONE    |  |            |
| Michael Gold   |  | 948-5498     |  |            |
| MAILING ADDRESS (Street)   |  | FAX          |  |            |
| P.O. Box 860   |  | EMAIL        |  |            |
| (City)   |  | (State)      |  | (Zip Code) |
| Honolulu   |  | HI           |  | 96808-0860 |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Michael Gold

(Signature of Lobbyist)

1/11/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Michael Gold

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President & Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

Hawaii Medical Service Association

TELEPHONE

948-5498

MAILING ADDRESS (Street)

P.O. Box 860

FAX 948-6860

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96808-0860

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Michael A. Gold

(Signature of Authorizing Officer or Person Represented)

1/14/13

(Date)